

## Medical Alert Bracelet and Necklace request form

Please select type and quantity		
	Medical Alert Ne	cklace: Qty:
		Engraving is included.**
	ecks out to <u>veteran</u> ** <u>NO</u> cash please.**	ns Administration.** *
Front Side Engraving	Line 1:	
		(Alert Issue)
	<b>Line 2:</b>	
	Line 3:	
	Line 4:	
Back Side Engraving	Name:	
	SSN#:	(usually last 4)
**Patients requiring address can be added <u>ONLY</u>	when necessary. A Address:	rs,such as dementia patients, t no extra charge.**
	<b>Veterans Industries</b>	

Veterans Industries P.O. Box 474 Bay Pines, FL 33744

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